

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021778

FILED
Apr 22, 2008
Secretary of State

Entity Name: CYPRESS COVE LESSOR/LLC

Current Principal Place of Business:

700 S.E. 8TH AVE.
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1398
MURFREESBORO, TN 37133

New Mailing Address:

FEI Number: 62-1832454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARE FOUNDATION OF A, MERICAN, INC
Address: 282 KEVIN DR
City-St-Zip: MURFREESBORO, TN 37129

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARE FOUNDATION OF A, MERICAN, INC
Address: 611 COMMERCE STREET
City-St-Zip: NASHVILLE, TN 37203

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES EARLE

P

04/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date